

BEFORE COPYING FORM, ENTER SITE NAME AND EPA ID Number:

SITE NAME: _____

EPA ID Number

**Kansas Department of
Health and Environment**

2015 Biennial Hazardous Waste Report

**WR
FORM**

**WASTE RECEIVED
FROM OFF SITE**

Waste 1	A. Description of hazardous waste
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B. EPA hazardous waste code(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C. State hazardous waste code(s) NOT APPLICABLE IN KANSAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Off-site handler EPA ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E. Quantity received in 2015 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F. UOM <input type="text"/> Density <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <input type="text"/> W <input type="text"/> <input type="text"/> <input type="text"/>	H. Management Method code <input type="text"/> H <input type="text"/> <input type="text"/> <input type="text"/>

Waste 2	A. Description of hazardous waste
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B. EPA hazardous waste code(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C. State hazardous waste code(s) NOT APPLICABLE IN KANSAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Off-site handler EPA ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Waste 3	A. Description of hazardous waste
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B. EPA hazardous waste code(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C. State hazardous waste code(s) NOT APPLICABLE IN KANSAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Off-site handler EPA ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E. Quantity received in 2015 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F. UOM <input type="text"/> Density <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <input type="text"/> W <input type="text"/> <input type="text"/> <input type="text"/>	H. Management Method code <input type="text"/> H <input type="text"/> <input type="text"/> <input type="text"/>

Comments:

INSTRUCTIONS FOR FILLING OUT THE WASTE RECEIVED FROM OFF SITE FORM (WR FORM)

WHO MUST SUBMIT THIS FORM

A site required to file the 2015 Biennial Hazardous Waste Report must submit this form if, during 2015, it received RCRA hazardous waste from off site.

PURPOSE OF THIS FORM

The WR Form identifies hazardous wastes that were received from other hazardous waste sites and the method(s) used to manage them. The WR Form is divided into three identical parts (i.e., waste blocks), labeled Waste 1, Waste 2, and Waste 3, that collect information on the quantities and characteristics of each hazardous waste received from an off-site source during 2015 and managed on-site.

HOW TO FILL OUT THIS FORM

You may report waste received from more than one off-site handler on the same page of the form. A separate waste block must be filled out for each hazardous waste received from each off-site handler. Hazardous waste from the same off-site handler may be aggregated as long as a single form code describes the physical form or chemical composition, and all of the waste is managed in a single process system (i.e., same management method code).

If your site received more than three RCRA hazardous wastes from off-site handlers during 2015, photocopy and fill out additional copies of this form. Prior to photocopying, enter the site name and EPA Identification Number in the space provided in the top left-hand corner of the form.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the waste block and item letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

All items in this section are mandatory for each waste reported. Note: Either Item B and/or Item C must be provided for each reported waste.

ITEM A – WASTE DESCRIPTION

Provide a short narrative description of the waste, such as:

- General type;
- Source;
- Type of hazard; and
- Generic chemical name or primary hazardous constituents.

EXAMPLE

“Ignitable spent solvent from degreasing operation in tool production; mixture of mineral spirits and kerosene.”

In the example, note that the general type (spent solvent), source (degreasing operation in tool production), type of hazard (ignitability), and generic chemical names (mineral spirits and kerosene) have all been cited.

ITEM B – EPA HAZARDOUS WASTE CODE(S)

Enter the four-character EPA hazardous waste code(s) that applies to the waste reported in Item A. EPA hazardous waste codes are provided in the “Other Reference Information and Code Lists” document. If you need room for additional codes, list the codes in the Comments section and cross-reference the applicable waste block number (e.g., Waste 1) and Item B. If fewer than four EPA hazardous waste codes are applicable, leave the remaining spaces blank. If the waste is regulated only by your State, leave Item B blank and report the State hazardous waste codes in Item C.

LIST

For a list of EPA Hazardous Waste Codes, see the "Other Reference Information and Code Lists" document available on the Bureau of Waste Management website at: www.kdheks.gov/waste.

ITEM C – STATE HAZARDOUS WASTE CODE(S)

Not applicable in Kansas.

Leave Item C blank.

ITEM D – OFF-SITE HANDLER EPA IDENTIFICATION NUMBER

Enter the 12-digit EPA Identification Number of the off-site handler from which the waste was received. If the site does not have an EPA Identification Number, it may be a CESQG or foreign country. Refer to the "Special Instructions" section in the "Other Reference Information and Code Lists" document for instructions on how to complete Item D for these off-site handlers.

If the waste reported under Waste 2 is received from the same off-site handler as the waste reported under Waste 1, put "Same as above" to indicate that the EPA Identification Number is the same as the one reported in Waste 1; if Waste 3 is received from the same off-site handler as Waste 2, put "Same as above" to indicate that the EPA Identification Number is the same as the one reported under Waste 2.

NOTE

Refer to the "Special Instructions" section in the "Other Reference Information and Code Lists" document for information on reporting wastes received from CESQGs and foreign countries. This document is available online at: www.kdheks.gov/waste.

ITEM E – QUANTITY RECEIVED IN 2015

Report the total quantity of hazardous waste reported in Item A that was received from the off-site handler reported in Item D during 2015. If more than one shipment of this waste was received from the same off-site handler, add the quantities and report only the sum.

ITEM F – UOM AND DENSITY

Enter the Unit of Measure (UOM) code for the quantity you reported in Item E. Report the quantity in one of the units of measure listed below. ***If you select a volumetric measure (gallons, liters, or cubic yards), you must also report the density of the waste.***

<u>Code</u>	<u>Unit of Measure</u>
-------------	------------------------

- | | |
|---|-------------------------------|
| 1 | Pounds |
| 2 | Short tons (2,000 pounds) |
| 3 | Kilograms |
| 4 | Metric tons (1,000 kilograms) |
| 5 | Gallons |
| 6 | Liters |
| 7 | Cubic yards |

Weight and Volume Conversions

1 kilogram (kg) = 2.2046 pounds (lb)
1 short ton = 2,000 lb
1 metric ton = 1,000 kg
1 metric ton = 1.1023 short tons

1 cubic meter (m) = 1.3079 cubic yards
1 cubic yard (yd) = 27 cubic feet (ft)
1 liter (l) = 0.2642 gallons (gal)



Skip to Item G if you selected code 1, 2, 3, or 4.
Continue to Density if you selected code 5, 6, or 7.

Report the density only if you entered code 5, 6, or 7 for the unit of measure. Provide the density in either pounds per gal (lbs/gal) or specific gravity (sg) and place an "X" in the appropriate box to indicate which measure was used.

ITEM G – FORM CODE

Review the Form Codes and enter the code that best corresponds to the physical form or chemical composition of the hazardous waste reported in Item A.

LIST

For a list of Form Codes, see the "Other Reference Information and Code Lists" document available on the Bureau of Waste Management website at: www.kdheks.gov/waste.

ITEM H – MANAGEMENT METHOD CODE

Enter the code that describes the type of process system (see definition) in which the waste was managed.

LIST	For a list of Form Codes, see the "Other Reference Information and Code Lists" document available on the Bureau of Waste Management website at: www.kdheks.gov/waste .
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COMMENTS

Use this section as needed to explain anything contained in the form. The comments may help make determinations of data validity if questions arise during the review of the report. If there are special circumstances surrounding the waste described on the form, please note this here.